

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736370

1. Entity Name:

THE SHENANDOAH BAPTIST CHURCH, INCORPORATED

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90015 026 ****61.25

Principal Place of Business

Mailing Address

7308 PERSHING AVE E
ORLANDO FL 32822

7308 PERSHING AVE E
ORLANDO FL 32822-5744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2319203

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, KEITH
7332 E PERSHING AVENUE
ORLANDO FL 32212

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME NORRIS, KEITH
STREET ADDRESS 7332 E PERSHING AVENUE
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME PEYNADO, ASTON
STREET ADDRESS 4225 GULFSTREAM BAY CT.
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME POPE, JAMES W
STREET ADDRESS 5900 LYLE ST
CITY-ST-ZIP ORLANDO, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME CORNELL, RHONDA
STREET ADDRESS 4722 STURBRIDGE CIR.
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME ROGERS, VONDA K
STREET ADDRESS 1284 ROMA CT.
CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

TITLE S
NAME Kathy Rogalinski
STREET ADDRESS 3601 ogetree ct.
CITY-ST-ZIP orlando, FL 32812 ☒ Change ☐ Addition

TITLE D
NAME CARPENTER, ED
STREET ADDRESS 3609 PONCEAU
CITY-ST-ZIP ORLANDO, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda K. Cornell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

407-273-2211

Date

Daytime Phone #

CR2E037 (9/99)